

MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/517332

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	1					
6	1					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	1					
14	1					
15	1					
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	16	←		←
TOTAL CLAIMS	17	20				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS					↓	←

BEST AVAILABLE COPY